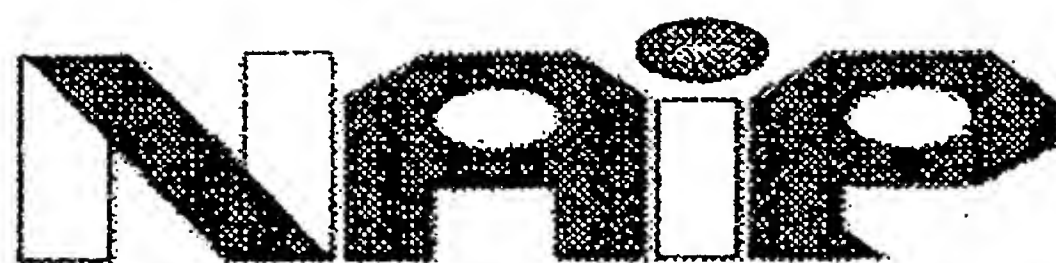


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From: Winston Hsu, Registration No. 41,526

Serial No.: 10/707,949

Attorney Docket No.: PMXP0171USA

Subject: Response to the Office Action mailed on 05/19/2005

Total Pages: 17 pages (including cover page)

Winston Hsu 08/02/2005

PMXP0171USA0_A2_2

PTO/SB/97 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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Application No.: 10/707,949

(1) Transmittal Form	1 PAGE
(2) Fee Transmittal	1 PAGE
(3) Response to the Office Action	13 PAGES

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/707,949	
	Filing Date	January 27, 2004	
	First Named Inventor	Yu-Chieh Lin	
	Art Unit	2612	
	Examiner Name	Quiett, Carramah J	
Total Number of Pages in This Submission	15	Attorney Docket Number	PMXP0171USA

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	North America Intellectual Property Corporation		
Signature	<i>Winston Hsu</i>		
Printed name	Winston Hsu		
Date	8/2/2005	Reg. No.	41,526

CERTIFICATE OF TRANSMISSION/MAILING

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 0.00**Complete If Known**

Application Number	10/707,949
Filing Date	January 27, 2004
First Named Inventor	Yu-Chieh Lin
Examiner Name	Quiett, Carmamah J
Art Unit	2612
Attorney Docket No.	PMXP0171USA

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-3105 Deposit Account Name: North America Intellectual Property Corp.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

_____ - 20 or HP = _____ x _____ = _____ **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature	<i>Winston Hsu</i>	Registration No. (Attorney/Agent)	41,528	Telephone	302-729-1562
Name (Print/Type)	Winston Hsu	Date	8/2/2005		

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**DIGITAL IMAGE CAPTURING APPARATUS CAPABLE OF CAPTURING
IMAGES FROM DIFFERENT DIRECTIONS**

Appl. No.	: 10/707,949	Confirmation No.	1948
Applicant(s)	: Yu-Chieh Lin		
Filed	: January 27, 2004		
TC/A.U.	: 2612		
Examiner	: Quiett, Carramah J		
Docket No.	: PMXP0171USA0		
Customer No.	: 27765		

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

INTRODUCTORY COMMENTS

- 5 In response to the Office action of May 19, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

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